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Director and Chief Medical Officer

FRED LEAF
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June 1, 2004

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

A handwritten signature in blue ink, reading "Thomas L. Garthwaite", is written over the printed name and title.

SUBJECT: **DHS COVERAGE AND ELIGIBILITY DETERMINATION**

This is to provide you with a status report on the Department's progress in implementing the health coverage and patient eligibility determination recommendations your Board approved on June 3, 2003 regarding the limitation of non-emergency medical care to Los Angeles County (LACO) residents only.

Patient Eligibility Determination – Non-emergency Care

Effective October 1, 2003, the Department implemented its policy limiting non-emergency medical care to LACO residents in the Health Centers (HC), Comprehensive Health Centers (CHC), and the Multi-Service Ambulatory Care Center (MACC) for new patients. Policy implementation for established patients became effective November 1, 2003. Effective December 1, 2003, the Department implemented these policies for new patients in the hospital-based outpatient clinics and hospital inpatient scheduled care. The policy for established patients in the hospital-based outpatient clinics was implemented on January 2, 2004 and for hospital emergency room follow-up implementation was March 1, 2004.

On May 18, 2004, your Board approved amendments to the County's Public-Private Partner/General Relief (PPP/GR) contracts to implement this policy with a 45-day implementation period with the full implementation effective July 1, 2004. The Office of Ambulatory Care (OAC) conducted a training session for the PPP/GRs on May 25, 2004, at which DHS provided the partners with posters and flyers for their patients. Approximately 100 PPP/GR staff, representing all but nine (9) of the partners attended the training. The OAC is will conduct a recap training for those partners that were unable to attend on June 2, 2004.

Pursuant to this policy, individuals who cannot verify a LACO address and do not have third party coverage (e.g., Medi-Cal, Medicare) or who cannot pay full charges, will not receive non-emergency care. This policy does not apply to Public Health services.

From initial policy implementation through April 2004, 1299 patients were deferred pursuant to these policy changes. Of the patients deferred, 587 (45%) presented as residing in another California County, 186 (14%) self deferred, 249 (19%) as residing in another country, and 277 (21%) indicated they lived in LACO, but could not provide address verification.

The Medical Alert Center (MAC) implemented Emergency Department (ED) Transfer procedures in July 2003, requiring the transferring ED to provide proof of LACO residency. From July 2003 through April 2004, the MAC identified 237 patients with addresses outside LACO. The MAC accepted for transfer 117 (49%) of the 237 patients. The 117 were accepted for the primary reasons of the Emergency Medical Treatment and Active Labor Act (EMTALA) regulations and DHS facility bed availability.

Effective March 1, 2004, the use of Address Verification Affidavits was reinforced. Address verification affidavits can only be used by homeless persons, patients living in shelters, living in the home of another, or residing in rural areas without postal service, and/or are seeking specific medical services, e.g., minor consent services, family planning, DHS mental health services, etc. DHS will continue to monitor the use of the Address Verification Affidavit to determine if additional changes to our procedures are necessary.

I will provide you with a report on our progress to implement these initiatives by July 31, 2004. In the meantime, if you have any questions or need additional information, please let me know.

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c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors